

Case Number:	CM15-0019302		
Date Assigned:	02/09/2015	Date of Injury:	09/23/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male, who sustained an industrial injury on 9/23/2010. He reports neck, back, bilateral elbows and wrists and bilateral ankles and feet pain. Diagnoses include thoracic disc displacement without myelopathy, cervical disc sprain/strain, lumbar disc herniation post fusion, right shoulder sprain and chronic pain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 10/14/2014 and 12/30/2014 indicates the injured worker reported pain in the neck, back, bilateral elbows and wrists and bilateral ankles and feet. On 1/16/2015, Utilization Review non-certified the request for Elavil 50mg #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Elavil 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-84, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation

Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline

Decision rationale: This patient presents with chronic pain in his neck, lower back, bilateral elbows/wrists, bilateral ankles and feet. The current request is for ELAVIL 50MG #30. The Utilization review denied the request stating that there is lack of signs or symptoms of insomnia. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. This patient has been utilizing this medication since 10/10/14. The treating physician states that the patient is utilizing Elavil at bedtime for sleep difficulties secondary to chronic pain. The patient also has a long history of depression and anxiety. Progress reports continually note that the patient's symptoms are better with rest and medications. Given the patient's sleep disturbances secondary to pain, diagnosis of depression and the treating physician reports that medications are beneficial, the requested Elavil IS medically necessary.